

READ INSTRUCTIONS ON BACK OF LAST PAGE BEFORE COMPLETING

TRANSCRIPT ORDER

District Court
WD-TXDistrict Court Docket Number
EP12CR02106DB

Short Case Title USA v. Marco Antonio Delgado

Court Reporter M.S. Briggs

Date Notice of Appeal Filed by Clerk of District Court Jan 28, 2014

Court of Appeals # 14-50079

FILED
2014 FEB 26 PM 4:33
(If Available)

PART I. (To be completed by party ordering transcript. Do not complete this form unless financial arrangements have been made.)

A. Complete one of the following:

- ☐ No hearings
☐ Transcript is unnecessary for appeal purposes
☐ Transcript is already on file in Clerk's office
☒ This is to order a transcript of the following proceedings: (check appropriate box)

Voir dire ☐; Opening statement of plaintiff ☐; defendant ☐;
 Closing argument of plaintiff ☐; defendant ☐; Opinion of court ☐;
 Jury instructions ☐; Sentencing ☐; Bail hearing ☐;

HEARING DATE(S)	PROCEEDING	JUDGE/MAGISTRATE
05-14-2013	STATUS CONFERENCE	DAVID BRIONES
08-08-2013	Mental/Physical Competency Hearing	DAVID BRIONES +
10-21-2013	Status Conference	DAVID BRIONES

FAILURE TO SPECIFY IN ADEQUATE DETAIL THOSE PROCEEDINGS TO BE TRANSCRIBED, OR FAILURE TO MAKE PROMPT SATISFACTORY FINANCIAL ARRANGEMENTS FOR TRANSCRIPT, ARE GROUNDS FOR DISMISSAL OF THE APPEAL.

B. This is to certify that satisfactory financial arrangements have been completed with the court reporter for payment of the cost of the transcript. The method of payment will be:

- ☐ Private funds; ☒ Criminal Justice Act Funds (Attach copy of CJA Form 24 to court reporter's copy);
☐ Other IFP Funds; ☐ Advance Payment waived by reporter; ☐ U.S. Government Funds;
☐ Other

Signature

Print Name

ROBERT J. PEREZ

Address

221 N. KANSAS, SUITE 1103, EL PASO, TEXAS 79901

Date Transcript Ordered

2/26/2014

Counsel for APPELLANT

Phone Number

+1 (915) 542-1222

ALLOWANCE BY THE COURT FOR LEAVE TO PROCEED IN FORMA PAUPERIS IN A CIVIL APPEAL DOES NOT ENTITLE THE LITIGANT TO HAVE TRANSCRIPT AT GOVERNMENT EXPENSE.

PART II. COURT REPORTER ACKNOWLEDGEMENT (To be completed by the Court Reporter and forwarded to the Court of Appeals within 7 days after receipt. Read instruction on reverse side of copy 4 before completing.)

Date transcript order received	If arrangements are not yet made, date contact made with ordering party re: financial arrangements	Estimated completion date *	Estimated number of pages

- ☐ Satisfactory Arrangements for payment were made on _____
☐ Arrangements for payment have not been made. Reason: ☐ Deposit not received ☐ Unable to contact ordering party ☐ Other (Specify) _____

Date

Signature of Court Reporter

Telephone

Address of Court Reporter:

*** Do not include an estimated completion date unless satisfactory financial arrangements have been made or waived.**

PART III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN THE DISTRICT COURT (To completed by court reporter on date of filing transcript in District Court and notification must be forwarded to Court of Appeals on the same date.)

This is to certify that the transcript has been completed and filed with the District Court today.

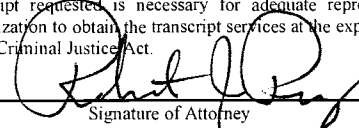
Actual Number of Pages

Actual Number of Volumes

Date

Signature of Court Reporter

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED MARCO ANTONIO DELGADO		VOUCHER NUMBER 2014000364			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER EP12CR02106-DB		5. APPEALS DKT./DEF. NUMBER 14-50079		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) US v. DELGADO		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT BY _____ DEPUTY _____							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) DIRECT APPEAL							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). May 14, 2013 Status Conference; August 8, 2013 Mental/Physical Competency Hearing; October 21, 2013 Status Conference							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney _____ Date 2/24/2014 ROBERT J. PEREZ Printed Name Telephone Number: (915) 542-1222 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE				Telephone Number: _____			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense (Itemize)							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk _____ Date _____							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court _____ Date _____						24. AMOUNT APPROVED	